

Name
in
Full

Married Addison

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town Died at	Waukegan City	County	MARYLAND
Date of death	1906	Month	8
Day	1	Age	✓
Years	✓	Months	✓
Days	✓		
Sex	Male	Color or Race	white
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	✓	Name of Wife or Husband	✓
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving Information	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Stil Brum	How long
Immediate		How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. Wilson M. D.
Waukegan City

Accident or Suicide?



Name
in
Full

Thester Black

8/23/11

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place		Snow Hill and		
Occupation	Where Residing if not at place of death		Snow Hill and			
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace		Snow Hill and		
Father's Name	John Henry Penwell	Mother's Birthplace		Snow Hill and		
Mother's Maiden Name	Julia Penwell	Name of person giving information		Snow Hill and		
Laura Johnson	178	How related to deceased		Aunt		
CAUSES OF DEATH						

Primary

Sudden Very Much

How long

6x months

Immediate

Fell out-Chair Dead

How long

Three Days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Dr. Fletcher

Address

Accident or Suicide?

Wrote to Gen Romano
Sub-req at
~~Shankill~~

Name
in
Full

Jesse Blake

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	Pocomoke			County	Worcester		MARYLAND
Died at	Month	Day	Years	Months	Days		
Date of death	1906	8	13	Age	9		
Sex	Male			Color or Race	Block		
Occupation				Where Residing If not at place of death	Pocomoke		
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	Charlie Hale			Father's Birthplace	Md		
Mother's Maiden Name	Ocia Blake			Mother's Birthplace	Good V.A		
Name of person giving information	Ocia Blake			How related to deceased	mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Central Congestion	How long	2 days
Immediate	Exhaustion	How long	some hours

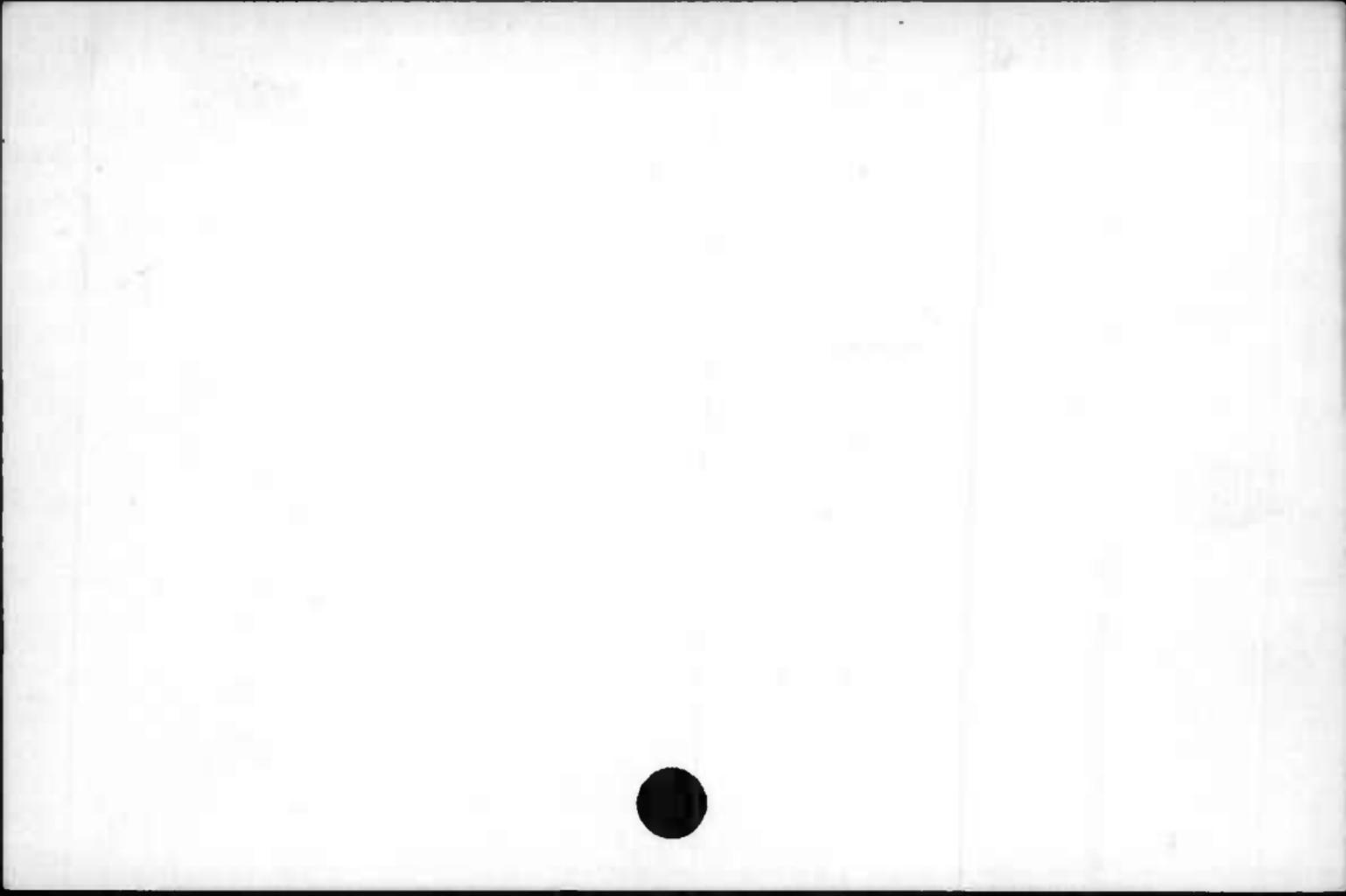
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H.W. Willis
Pocomoke

Accident or Suicide?



Name
in
Full

Lillian Blake

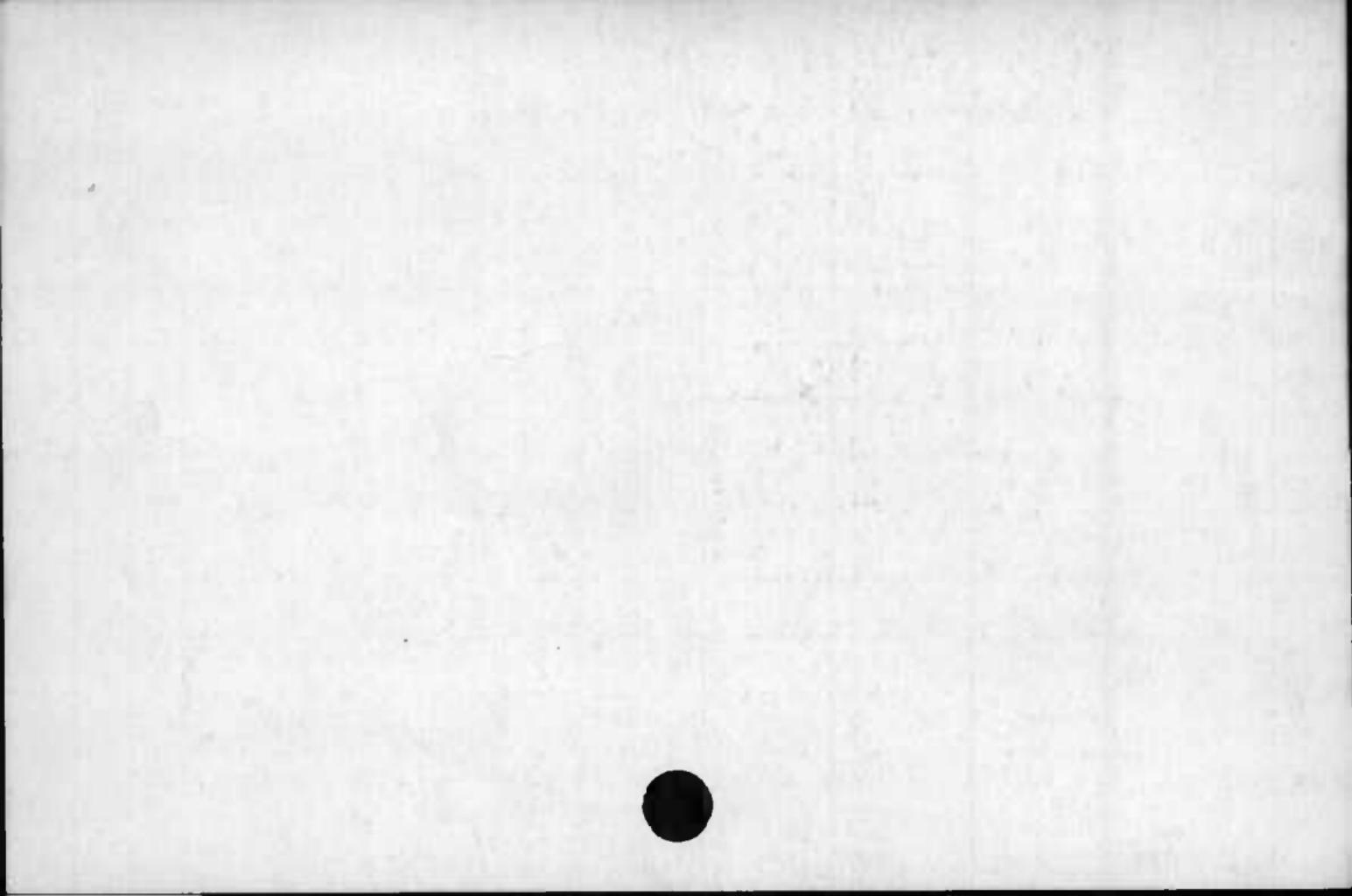
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Perry Blake			
Father's Name	Isaac Bratten				
Mother's Maiden Name	Charlotte Boston				
Name of person giving information	Perry Blake (W)				
CAUSES OF DEATH					

PHYSICIAN
OR CORONER

Primary	Bright's Disease.		How long
Immediate			12 months
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	How long
		H. D. Tracy Jr.	3 weeks
Adm.	Snow Hill Ind.		
Accident or Suicide?	~		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Stanley Wm. Jr.

Died at Baltimore City				County Worcester	CERTIFICATE OF DEATH	
Date of death 1906 Aug 15	Month	Day	Age	Years	Months	Days
Sex Male	Color or Race colored			Birth-place Baltimore		
Occupation infant	Where Residing if not at place of death			n n		
Married, Single or Widowed	Name of Wife or Husband —					
Father's Name Stewart Dryden				Father's Birthplace Worcester Co		
Mother's Maiden Name Mary Dunn				Mother's Birthplace "		
Name of person giving Information Stewart Dryden				How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

~~cholera infantis~~

How long

~~4 days~~

Immediate

~~congestion & convulsions~~

How long

Are the name, age, sex, color, date and place correctly given above?

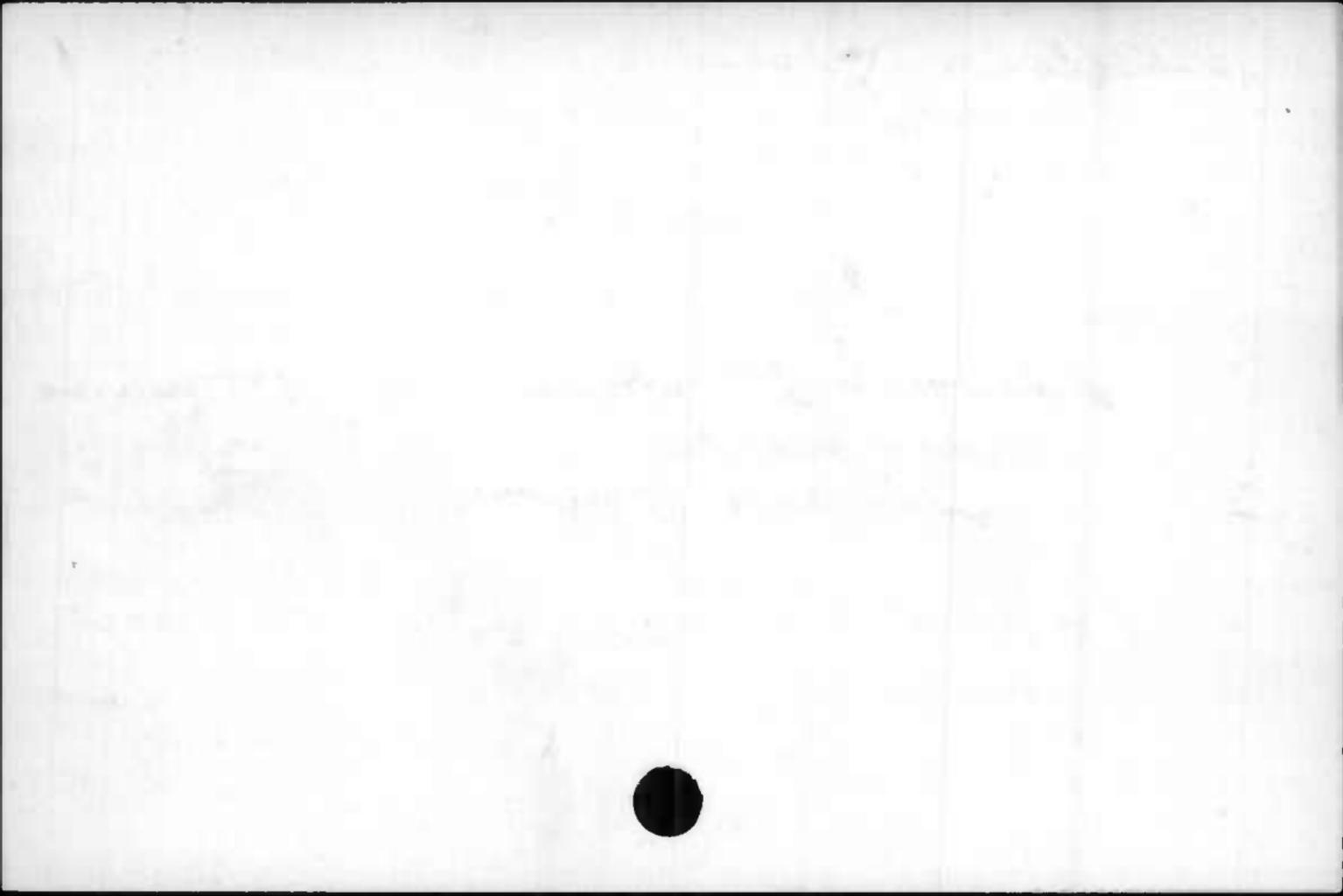
Yes

Signature of Physician

Address

**Sam'l Dunn
Baltimore City**

Accident or Suicide?



Name
in
Full

Mary D. b. Evans

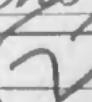
CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County		MARYLAND	
Berlin	Worcester				
Date of death	Month	Day	Years	Months	Days
1906	Aug	19	67	-	-
Sex	Color or Race	Where Residing if not at place of death			
Female	white	Curtis J. Evans		Maryland	
Occupation					
Married, Single or Widowed	Name of Wife or Husband				
Single	Curtis J. Evans				
Father's Name	Zachariah Purnell	Father's Birthplace		Maryland	
Mother's Maiden Name	May Hammond	Mother's Birthplace		Maryland	
Name of person giving Information	Curtis J. Evans	How related to deceased		Daughter	

CAUSES OF DEATH



PHYSICIAN
OR CORONER

Primary

Phthisis Pulmonalis

How long

Annual year

Immediate

Phthisis Pulmonalis

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

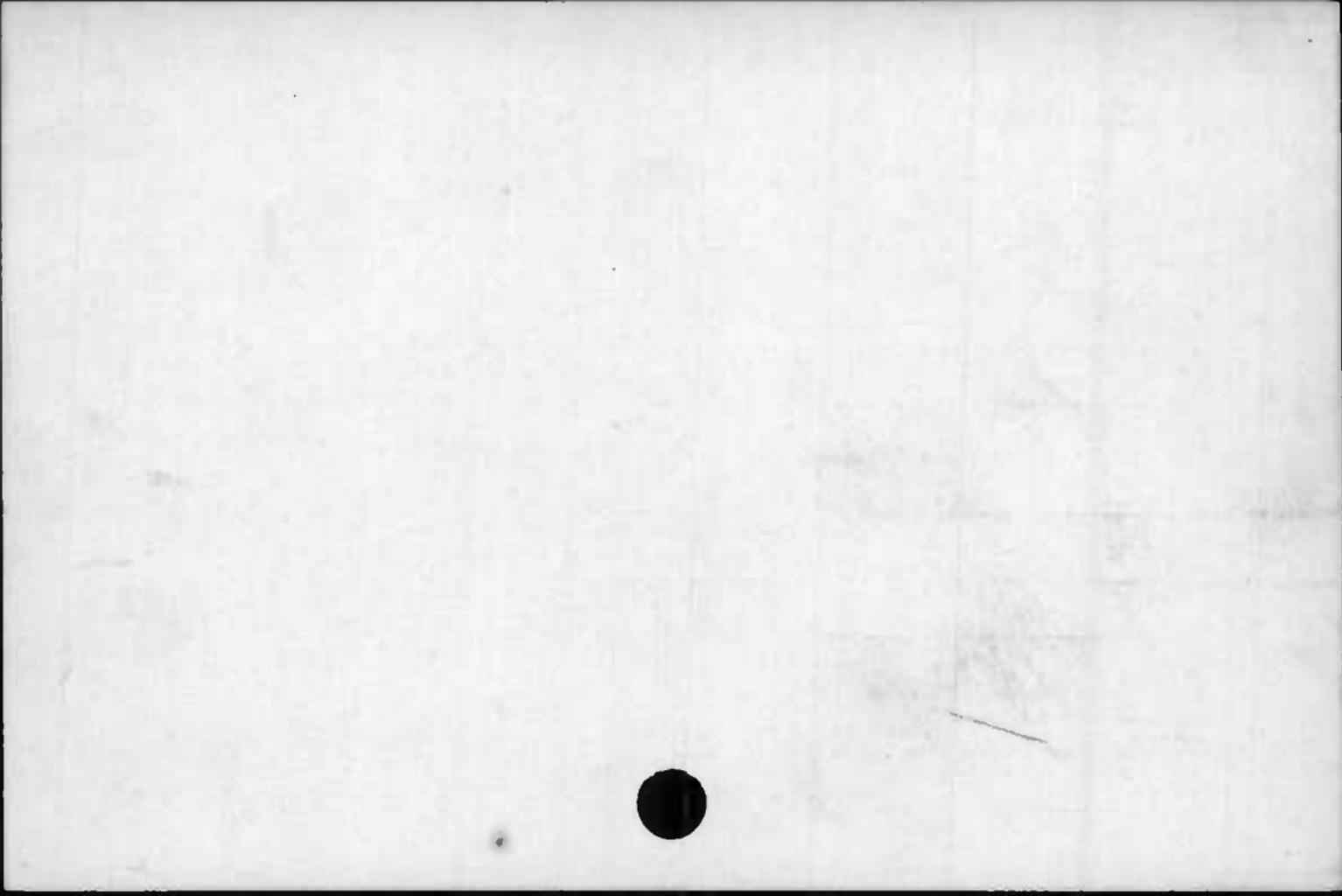
Yes

Signature of Physician

Address

Prov. Pitty.
Berlin, Md.

Accident or Suicide?



Name
in
Full

Minnie Fassett

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

Changlowore *worcester-*
1906 Aug 16 *75* *Bethel* *Red*
Male *Blk*
Farmer _____
— _____
John Smith *Nephew*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bright's disease</i>		(120)	How long	<i>2 years</i>
Immediate	"	"		How long	" "
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	<i>E J Erickson</i>	
			Address	<i>Berlin Md</i>	
Accident or Suicide?			X	X	

33



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

infant no Name Gayfield.

Town

County

Died at Bear Snow Hill

Worcester

MARYLAND

Date of death 1906 Aug 29

Day

Years

Months

Days

Age

2

20

Sex female

Color or Race

white

Birth-place

Brid

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Father's Name

Gabilis Gayfield

Father's Birthplace

Brid

Mother's Maiden Name

Linda Johnson

Mother's Birthplace

Brid

Name of person giving
Information

gabilis Gayfield (155)

How related
to deceased

father

CAUSES OF DEATH

Primary

from ingesting & find that
this child died of diarrhoea

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

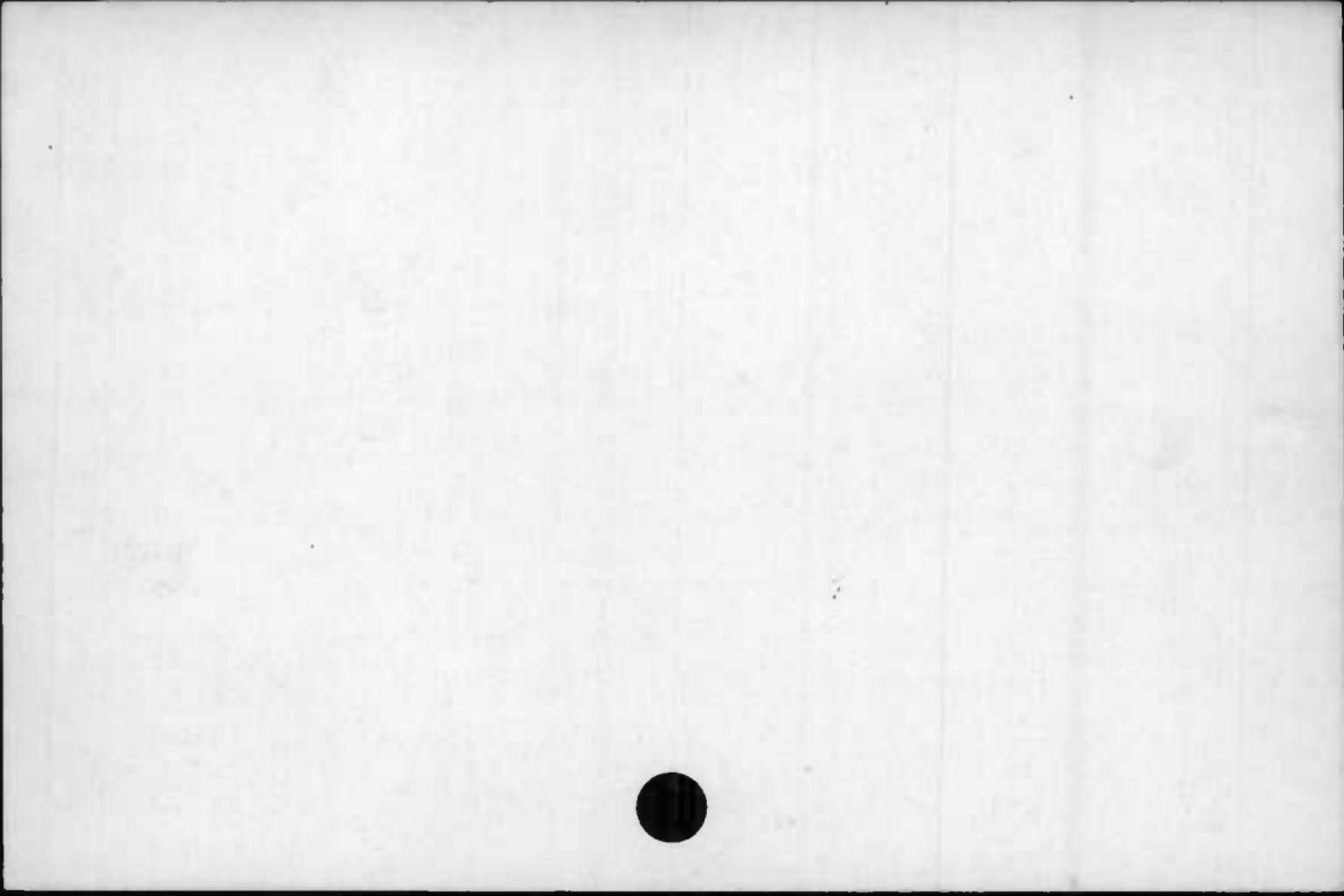
Address

They had no physician

Paul Jones
Snow Hill Md.PHYSICIAN
OR CORONER

S. [Signature]

Accident or Suicide?



Name
in
Full

Lorraine Henderson

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Baltimore		Town	County	MARYLAND	
Date of death	1906	Month	Day	Age	Years	Months
Sex	Male	Color or Race	White	Birth-place	Days	
Occupation	Hornbeam		Where Residing if not at place of death	- Md.		
Married, Single or Widower	Name of Wife or Husband		No.			
Father's Name	Ezra H. Henderson		Father's Birthplace	Md.		
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information	Son		How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Heart Failure

(179)

How long

~

Are the name, age, sex, color, date and place correctly given above?

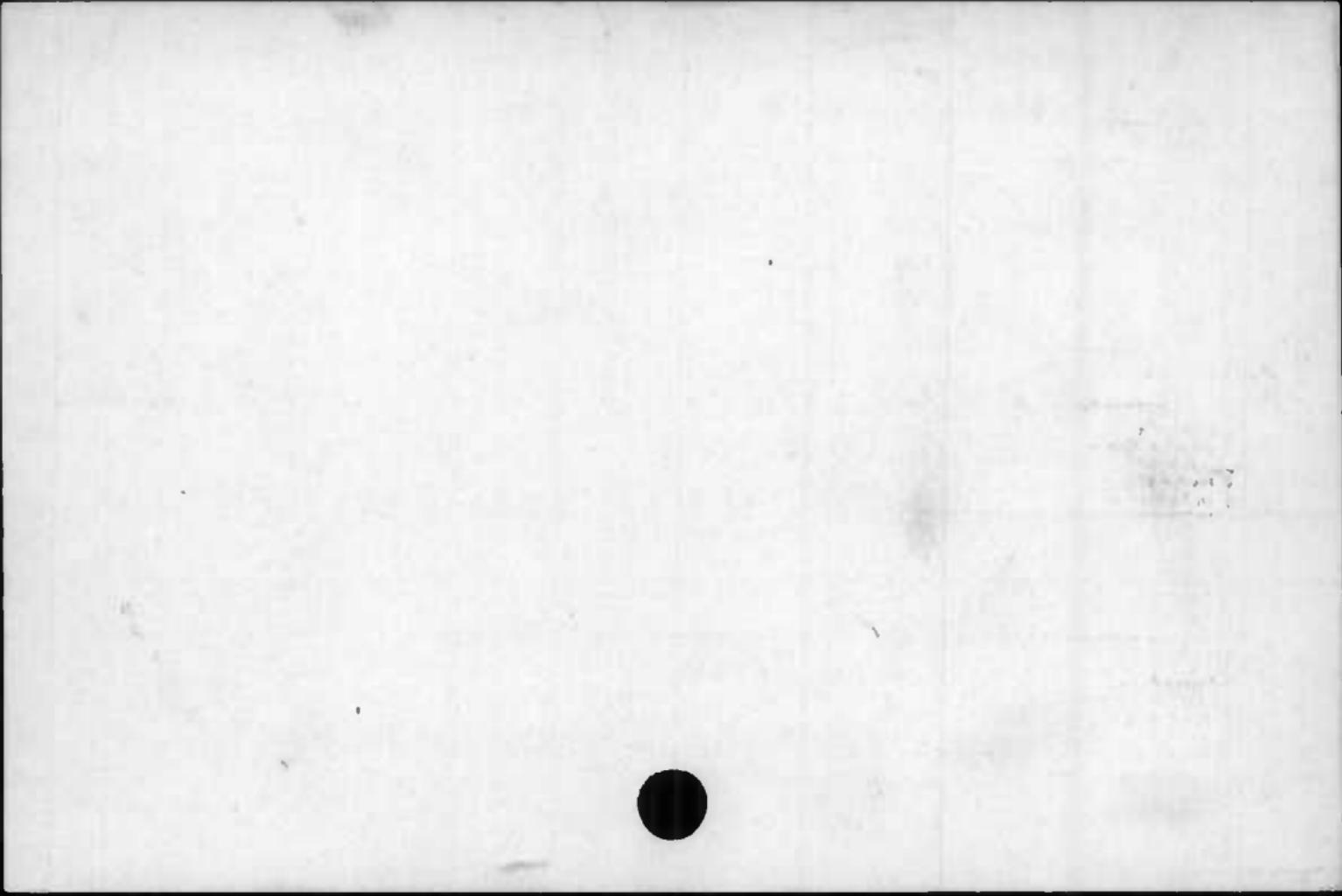
Signature of Physician

Address

Instalish

No address

Accident or Suicide?



Name
in
Full

Samuel St Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Salisbury		County	Somerset	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	14		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Joseph E Johnson				
Mother's Maiden Name	Leah J Coulbourn				
Name of person giving information	Mrs Johnson				
	Niece				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Appendicitis 18

How long

one week

Immediate

yes

How long

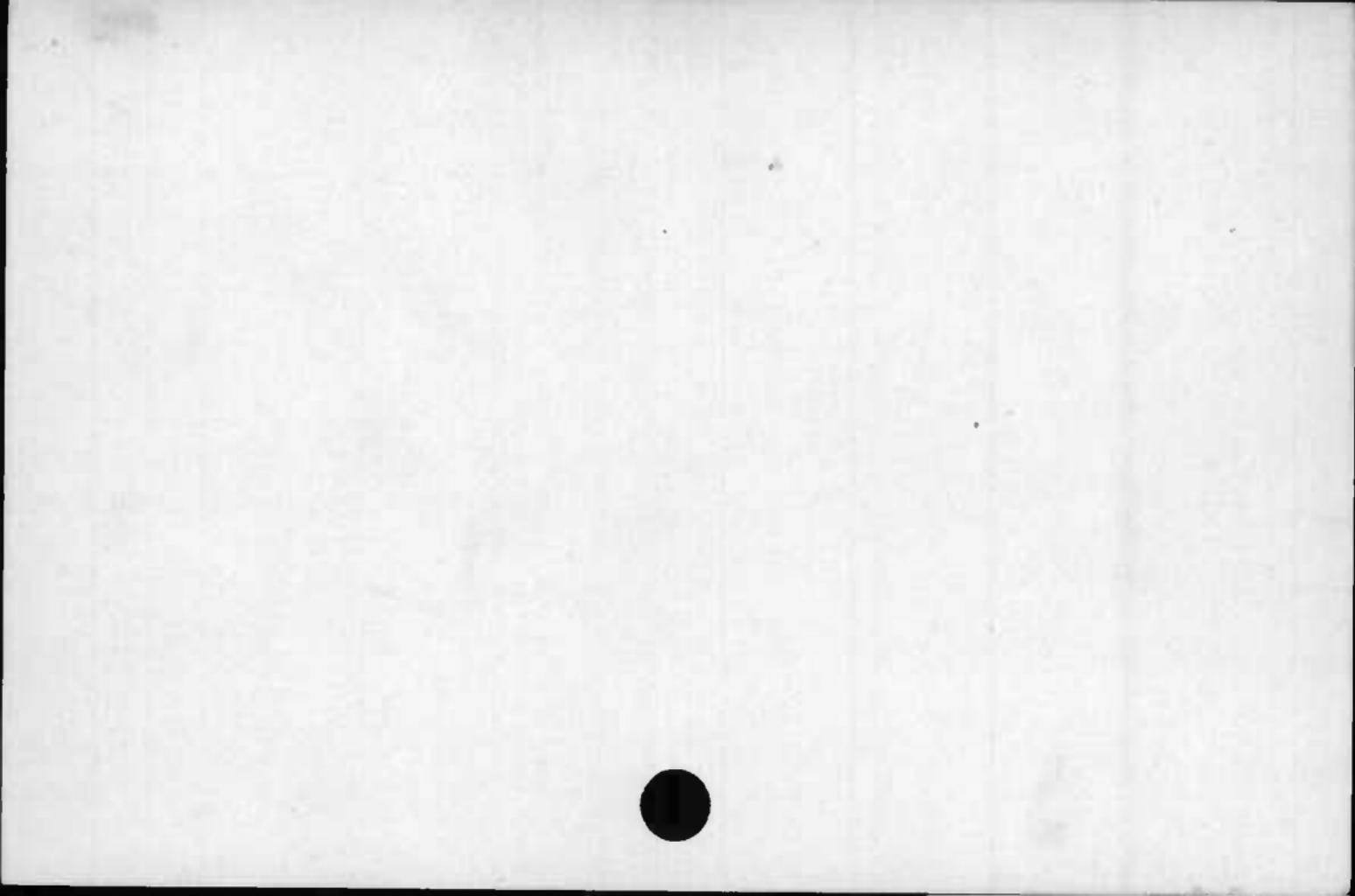
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W F Steel
Onfield Rd

Accident or Suicide?



Name
in
Full

Mary Lane

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birthplace			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name				Father's Birthplace	
Mother's Maidan Name				Mother's Birthplace	
Name of person giving information	How related to deceased				

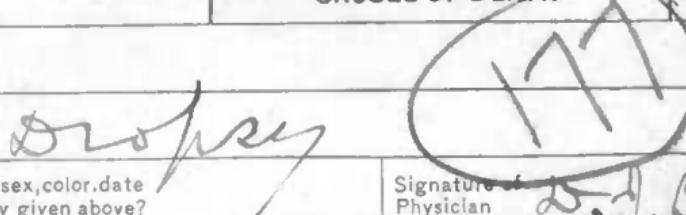
1906 8 21 70

female Col near Pocomoke Worcester Co Md

Widowed

Julia Ann Major Baily

CAUSES OF DEATH



How long

How long

Primary

Immediate

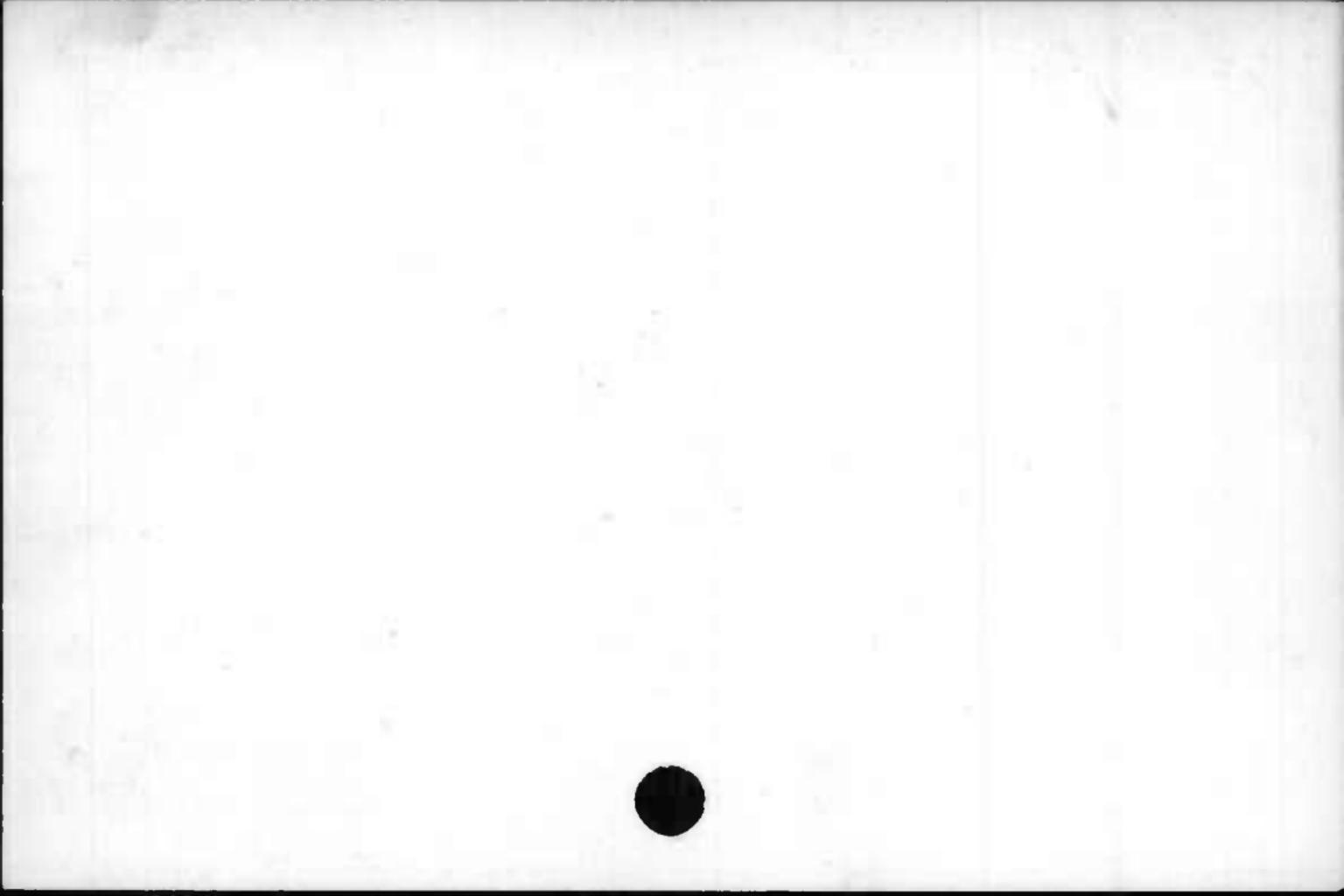
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D. J. O'Donnell
Pocomoke City

Accident or Suicide?



Name
in
Full

Ls. S. W. Lane

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Berlin	Town	County	MARYLAND	
Date of death	1906	Month	Day	Years	Months Days
Sex	Male	Color or Race	Age	65	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Thomas Lane				
Mother's Maiden Name	Marylin Lane				
Name of person giving information	Bess Lane				

Father's Birthplace Maryland
Mother's Birthplace Maryland
How related to deceased Son

PHYSICIAN
OR CORONER

Primary

Chronic Iles. Colitis

CAUSES OF DEATH

How long

Several Years

Immediate

Acute Iles - Colitis

How long

3 weeks

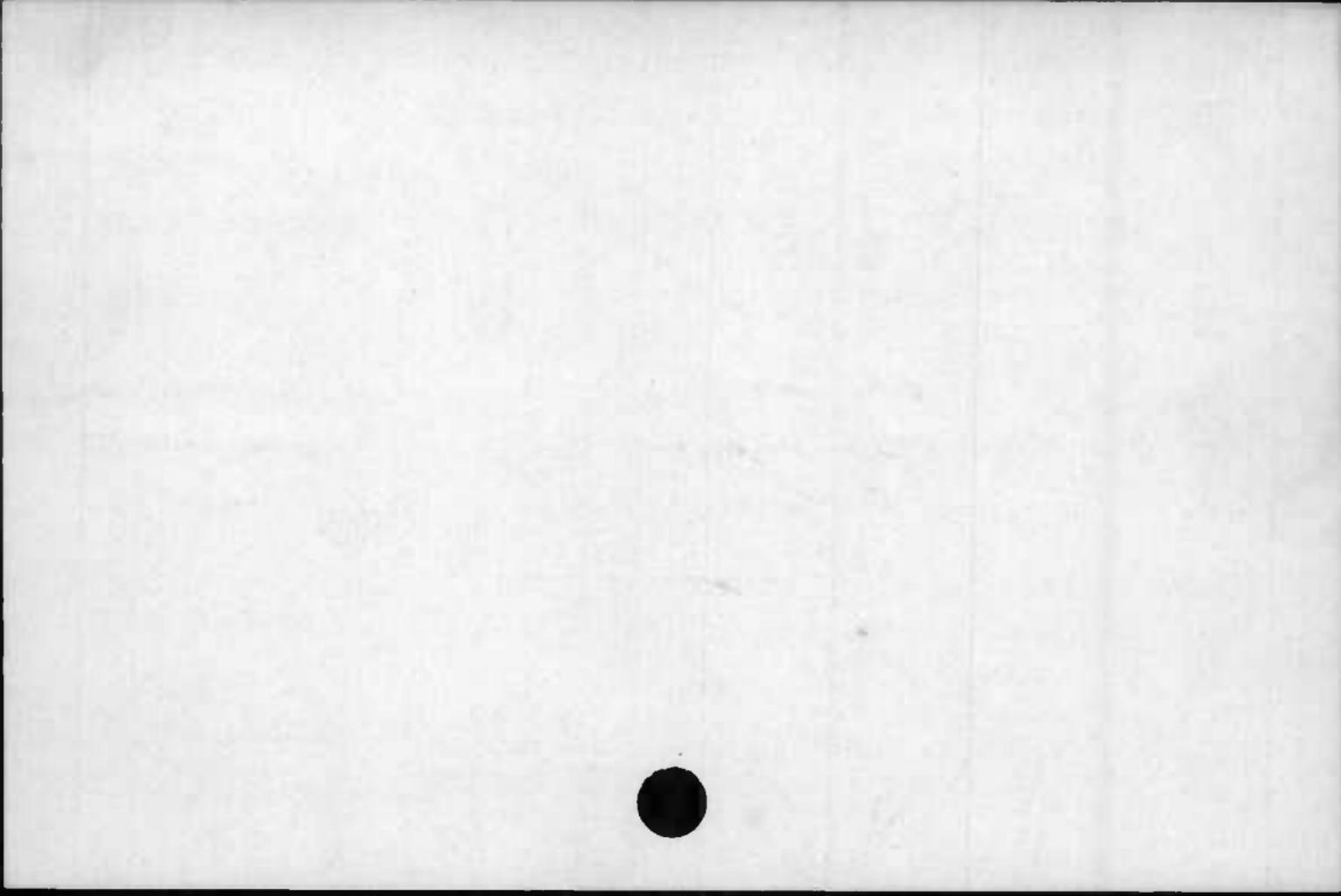
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

C. W. Driscoll
76 Driscoll
Berlin Md.

Accident or Suicide?



Name
in
Full

Margaret Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1906	Month Aug.	Day 6	Years 58	Months 10	Days
Sex Female	Color or Race White	Birth-place Somerset Co. Md.			
Occupation Housewife	Where Residing if not at place of death v				
Married, Single or Widowed Married	Name of Husband John H. Mills	Father's Birthplace Somerset Co. Md.			
Father's Name Wm Milwaukee	Mother's Birthplace Somerset Co. Md.				
Mother's Maiden Name Mary Paton	How related to deceased Husband.				
Name of person giving Information John H. Mills					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Jaundice

(W)

How long

3 miles.

Immediate

Cholecystitis

How long
1 mile.

Are the name, age, sex, color, date and place correctly given above?

yrs

Signature of Physician

Address

J. Wilson M.D.
Pocomoke City

Accident or Suicide? v



Name
in
Full

Clara Margaret Parker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Pocomoke City

County

Worcester

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1906 Aug

4

Age

3

Sex

Female

Color or
Race

White

Birth-
place

Pocomoke City

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Wm H Parker

Father's
Birthplace

Worcester Co Md

Mother's
Maiden Name

Clarey Littleton

Mother's
Birthplace

Hanover Co Md

Name of person giving
Information

Wm H Parker

How related
to deceased

Father

CAUSES OF DEATH

Primary

Malnutrition

How long

Since birth

Immediate

Geo Colies

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Rheumatism
Pocomoke City, MD

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
In
Full

Columbus B Redden

CERTIFICATE OF DEATH

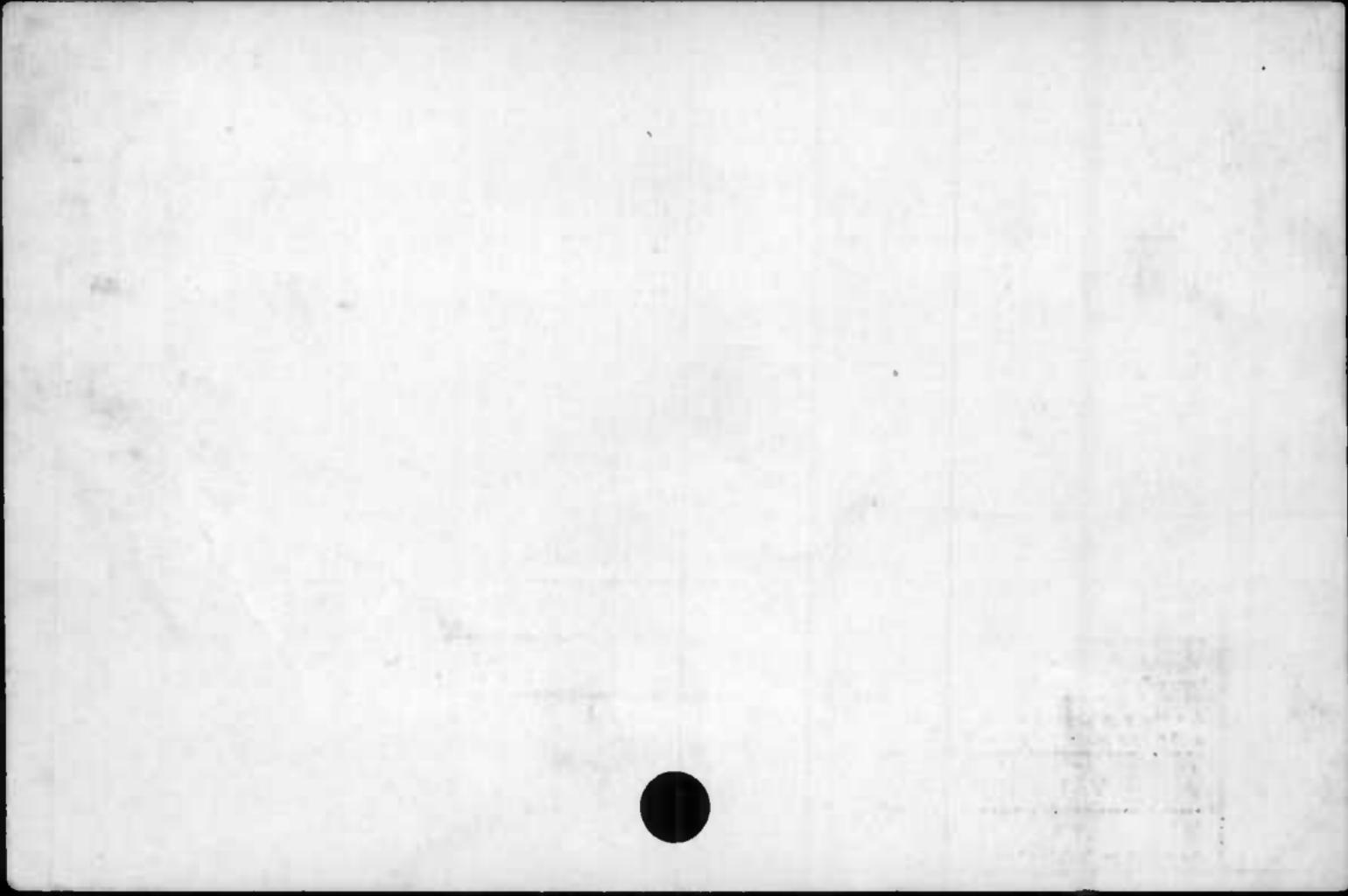
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
1906	Month	Years	Months	Days	
Date of death	Aug	4	Age	40	
Sex	male	Color or Race	white	Birth-place	
Occupation	Labour	Where Residing If not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Ella Redden		
Father's Name					
Mother's Maiden Name					
Name of person giving information	wife				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Syphilitic fever	(1)	How long	two weeks
Immediate	Heart failure	(2)	How long	two days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	John L. Riley MD
			Address	Brown Hill Rd
Accident or Suicide?				



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at

Town

Pocomoke City

County

Worcester

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1906 Aug 23

Age 89

Sex

Male

Color or
Race

Colored

Birth-
place

Somerset Co

Occupation

Laborer

Where Residing if not
at place of death

Pocomoke City

Married, Single
or Widowed

Married

Name of Wife or
Husband

Jane Whittington

Father's
Name

John Bailey

Father's
Birthplace

Somerset Co

Mother's
Maiden Name

" "

Mother's
Birthplace

" "

Name of person giving
Information

Jas Bailey

How related
to deceased

Neighbor

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Prostate & Cystitis

How long

some years

Immediate

Collapse

How long

some days

Are the name, age, sex, color, date
and place correctly given above?

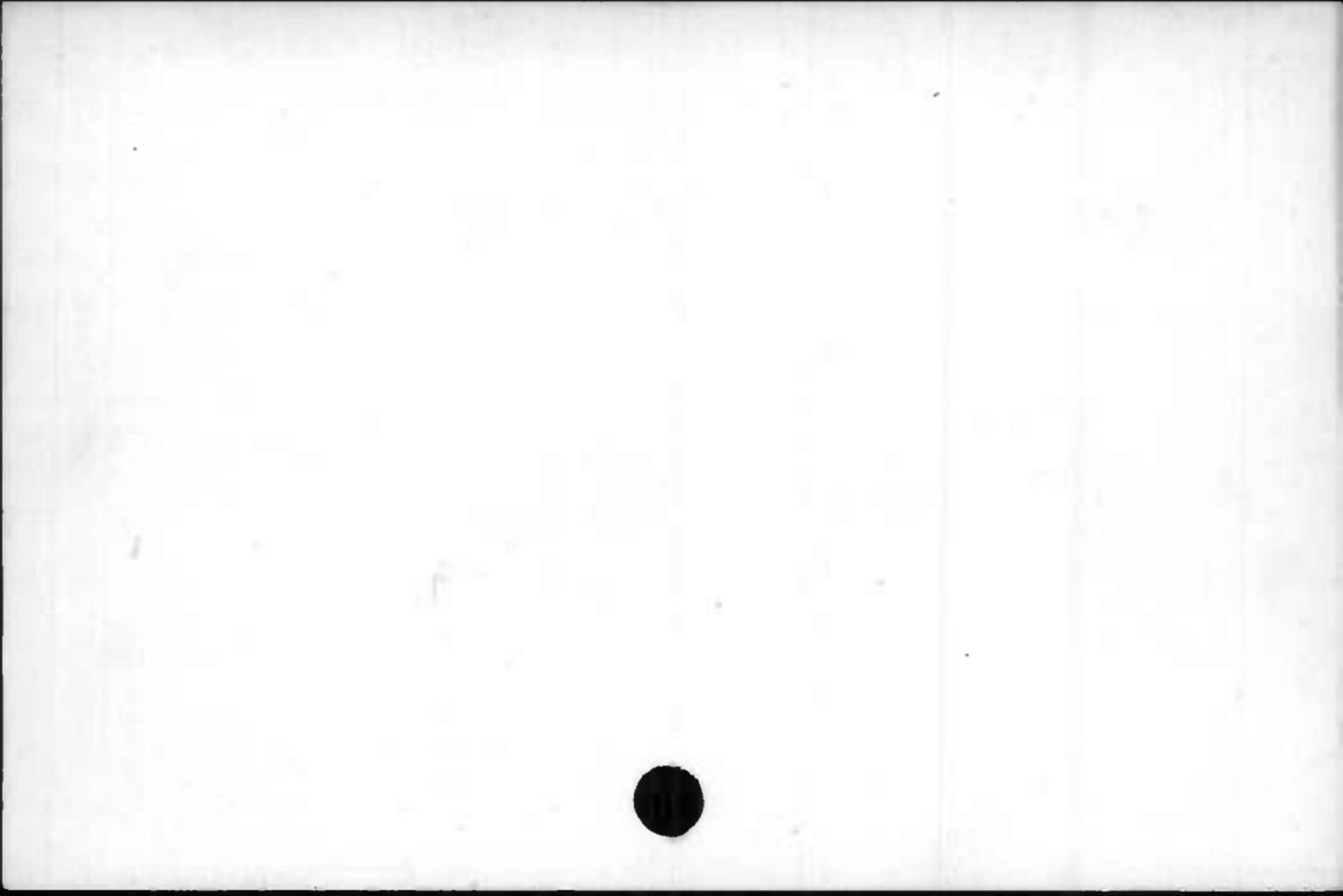
Yes

Signature of
Physician

Address

Samuel S. Lewis
Pocomoke City, Md.

Accident or Suicide?



TO BE ANSWERED BY

NEAREST FRIEND

Infant child of Mary Ruppert					8 23 XV	CERTIFICATE OF DEATH
Died at	Berlin	Town	County	MARYLAND		
Date of death	1906	Month Aug	Day 9	Years —	Months 11	Days —
Sex	Femal	Color or Race	Black	Birth-place	Maryland	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving information	How related to deceased					
CAUSES OF DEATH						
Primary	Unknown (19)					
Immediate						

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
No	Address
Accident or Suicide?	b. j. Evans, undertaker.

Mark D. J. Masson
Author
President

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sam Salby

Town

Berlin

County

Maryland

CERTIFICATE OF DEATH

MARYLAND

Died at	Month	Day	Years	Months	Days
Died at 1904 Aug	Aug	27	Age 80	—	—

Sex Male	Color or Race Black	Birth-place Maryland
----------	---------------------	----------------------

Occupation	Where Residing if not at place of death
------------	--

Married, Single or Widowed	Name of Wife or Husband
-------------------------------	----------------------------

Father's Name	Jersey Salby
---------------	--------------

Mother's Maiden Name	Roda Salby
----------------------	------------

Name of person giving Information	William Powell
--------------------------------------	----------------

Father's Birthplace	Maryland
---------------------	----------

Mother's Birthplace	Maryland
---------------------	----------

How related to deceased	none
----------------------------	------

CAUSES OF DEATH

Primary

Old age

154

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

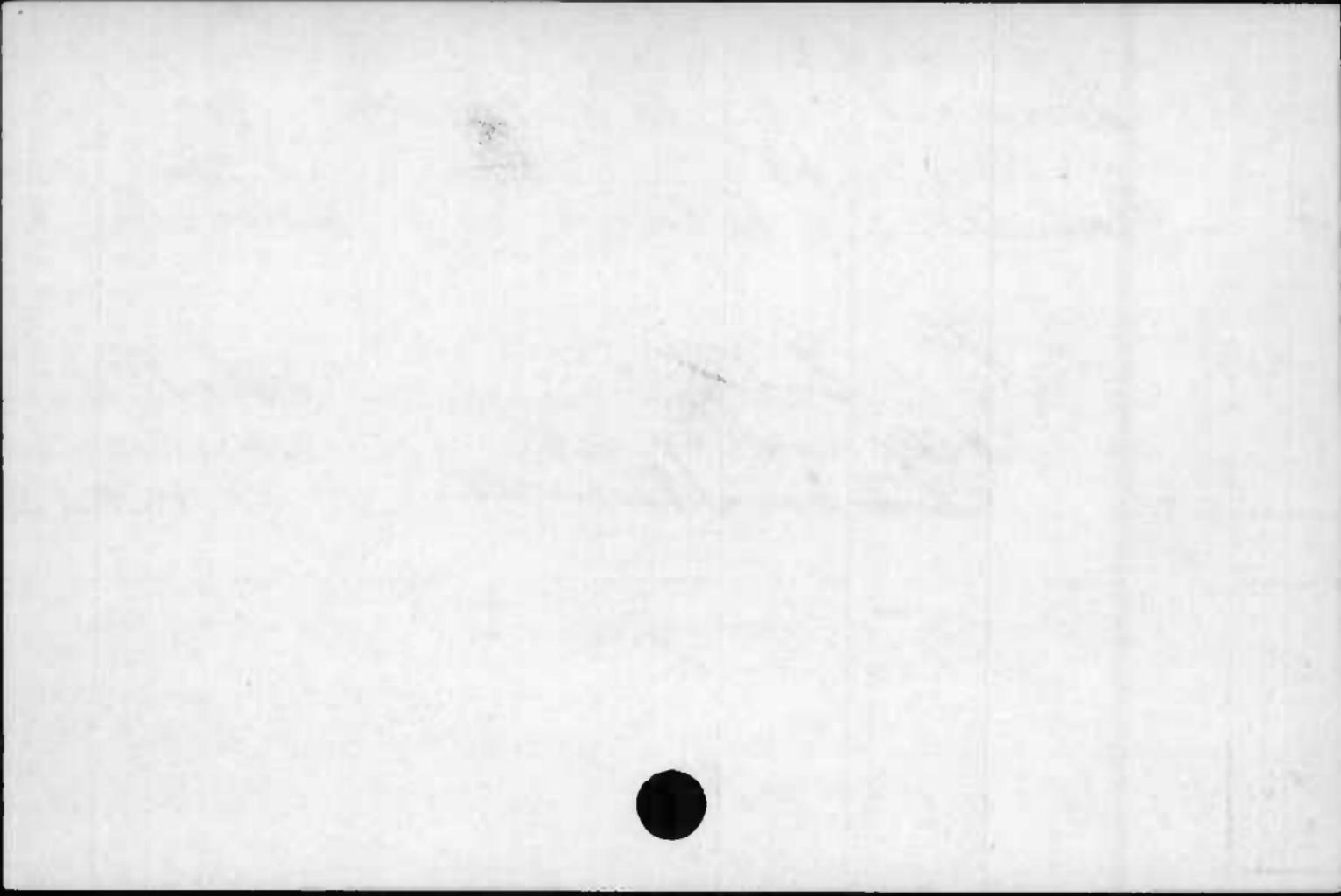
Signature of
Physician

No

Address

Accident or Suicide?

6 of Evans undertaker



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1906 Aug	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Black	Age	10	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Frank Smith -		Father's Birthplace		Md,	
Mother's Maiden Name	Maggie Smith		Mother's Birthplace		"	
Name of person giving Information	Emilia Duncan		How related to deceased		Daughter	

CAUSES OF DEATH

Primary

Gout Hemiplegia

How long

10 days

Immediate

"

Are the name, age, sex, color, date
and place correctly given above?

Yes "

Signature of
Physician

Address

P P Collins
Baltimore Md

Accident or Suicide?



Name

in
Full

TO BE ANSWERED BY

NEAREST FRIEND

John M. Smith

CERTIFICATE OF DEATH

Died at <u>Bethel</u>		Town	County <u>worcester</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Aug</u>	Day <u>5</u>	Years <u>75</u>	Age <u>75</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>			Birth-place		
Occupation <u>Labourer</u>	Where Residing if not at place of death <u>at home</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Erie W. Colton</u>			Father's Birthplace <u>Del</u>		
Father's Name <u>Dent Kiner</u>			Mother's Birthplace <u>Del</u>			
Mother's Maiden Name <u>Dent Kiner</u>			How related to deceased <u>son</u>			
Name of person giving Information <u>Peynter Watson</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Aprolifica

How long

2 weeks

Immediate

61

How long

Are the name, age, sex, color, date and place correctly given above?

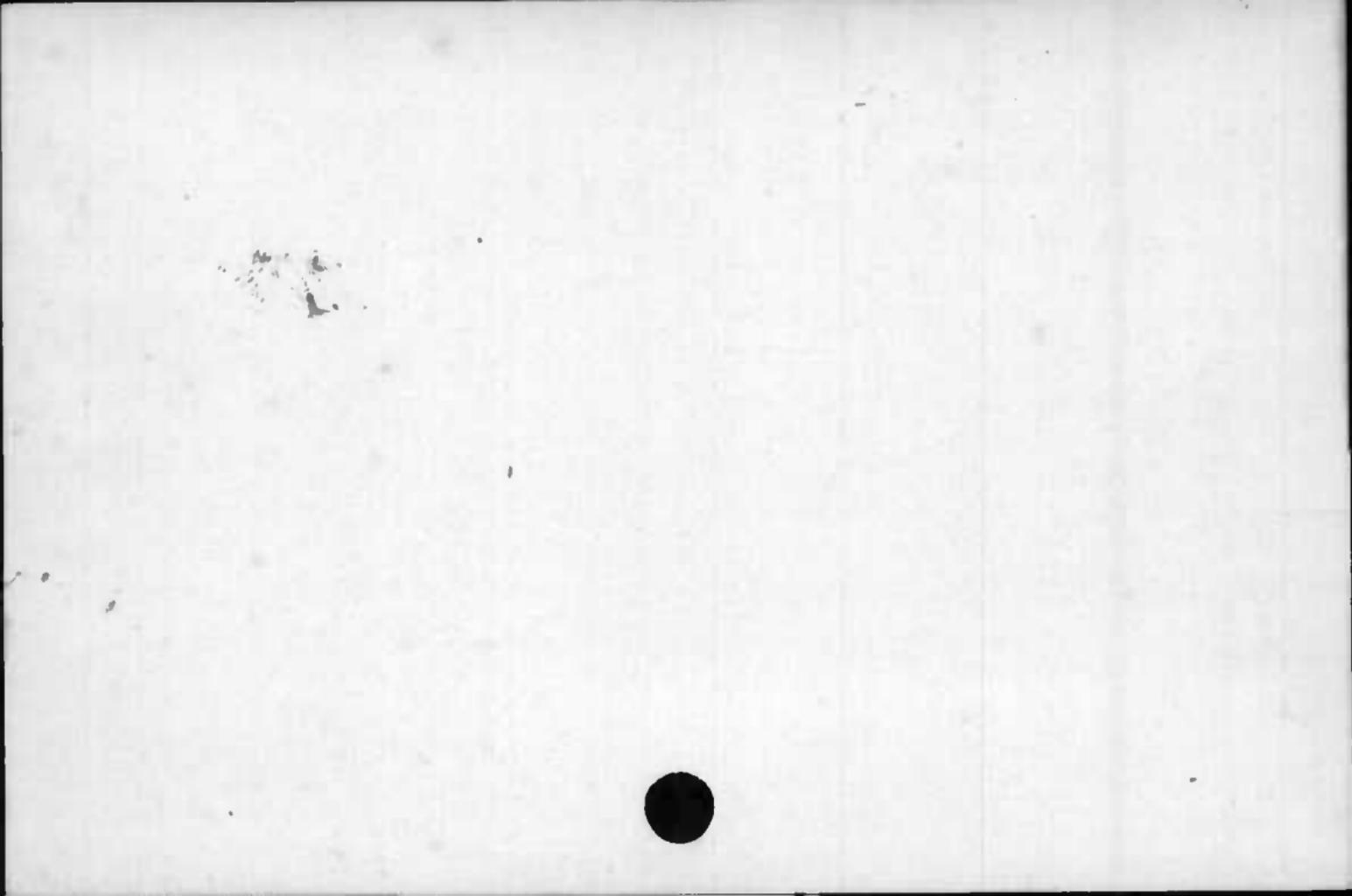
yes

Signature of Physician

Address

Q P Collins
Baptist
Hospital

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ethel May Stevens

CERTIFICATE OF DEATH

MARYLAND

Died at near Paemoke		Town Worcester		County	
Date of death 1906	Month Aug	Day 10	Age	Years	Months 2
Sex female	Color or Race Col	Birth-place near Paemoke			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name Edward Stevens			Father's Birthplace near Paemoke		
Mother's Maiden Name Emily F. White			Mother's Birthplace near Paemoke		
Name of person giving information Frank Spence			How related to deceased		

CAUSES OF DEATH

Primary

How long

Immediate Cholera Infantum

How long

Are the name, age, sex, color, date and place correctly given above?

725

Signature of Physician

Address

D. J. O. Smith M.D.
Paemoke, Md.

Accident or Suicide?



Name
in
Full

Wiley Wilson Birley

CERTIFICATE OF DEATH

To BE ANSWERED BY
1 NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Where Residing if not at place of death		
Occupation				
Married, Single or Widowed	Name of Wife or Husband			
Father's Name			Father's Birthplace	Maryland
Mother's Maiden Name			Mother's Birthplace	Maryland
Name of person giving information		(159)	How related to deceased	None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Shot himself in the head

How long

Immediately

Immediate

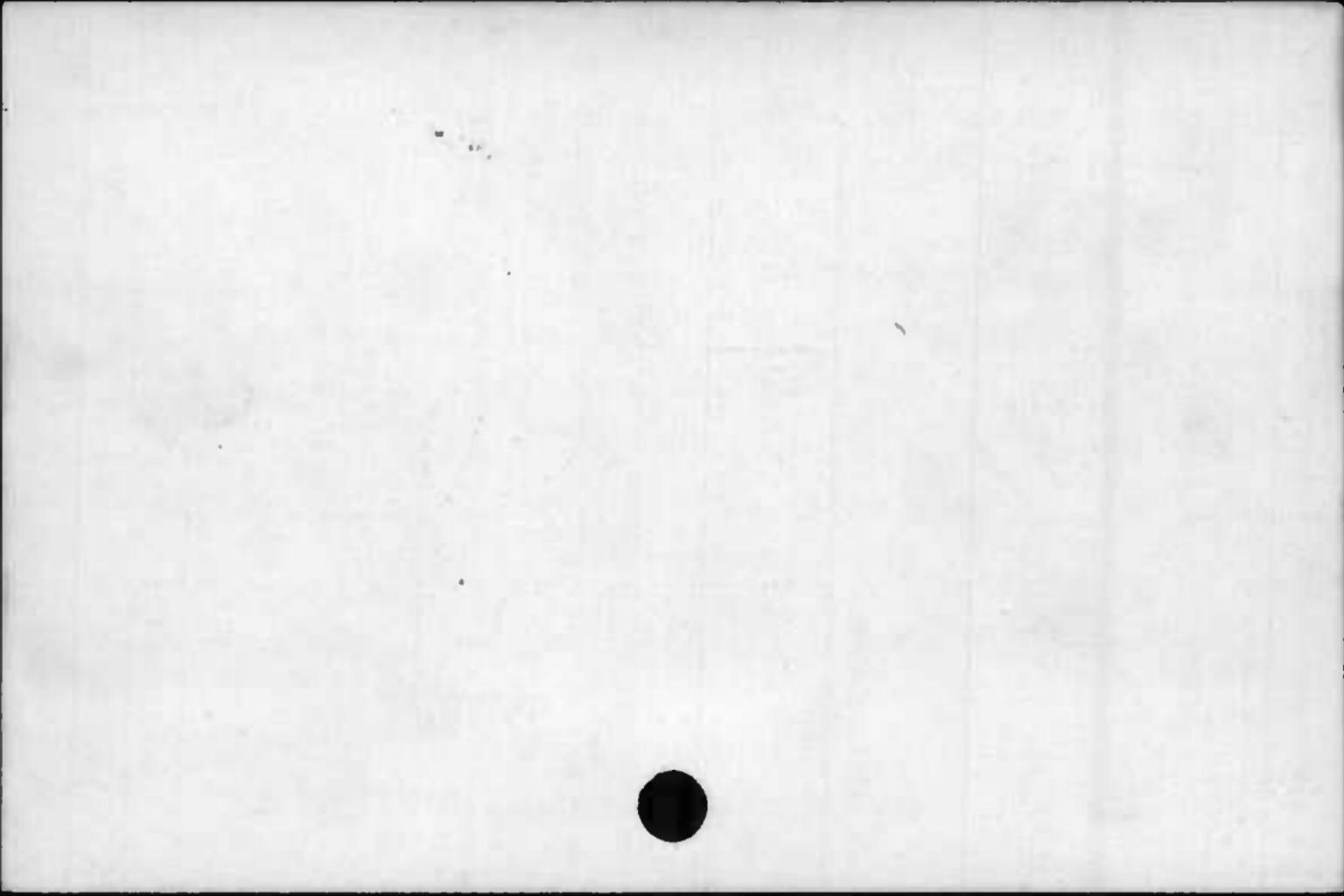
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. C. G. Clipp.
Brooksville.
Md.

Accident or Suicide?



Name
in
Full

Wm Samuel Tilghmane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Baltimore City</i>	County <i>Maryland</i>	MARYLAND		
Date of death	Month <i>Aug 1906</i>	Day <i>28</i>	Age <i>35</i>	Years	Months Days
Sex	<i>Male</i>	Color or Race	<i>white</i>	Birth- place	<i>Maryland Co., Md.</i>
Occupation	<i>No occupation</i>		Where Residing if not at place of death	<i>to</i>	
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Do not know</i>		
Father's Name	<i>George W. Tilghmane</i>		Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>Saffie A. Brattan</i>		Mother's Birthplace	<i>Md.</i>	
Name of person giving Information	<i>Sally A. Jones</i>		How related to deceased	<i>Niece</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Epilepsy

How long

life time

Immediate

Axillary dismemberment

How long

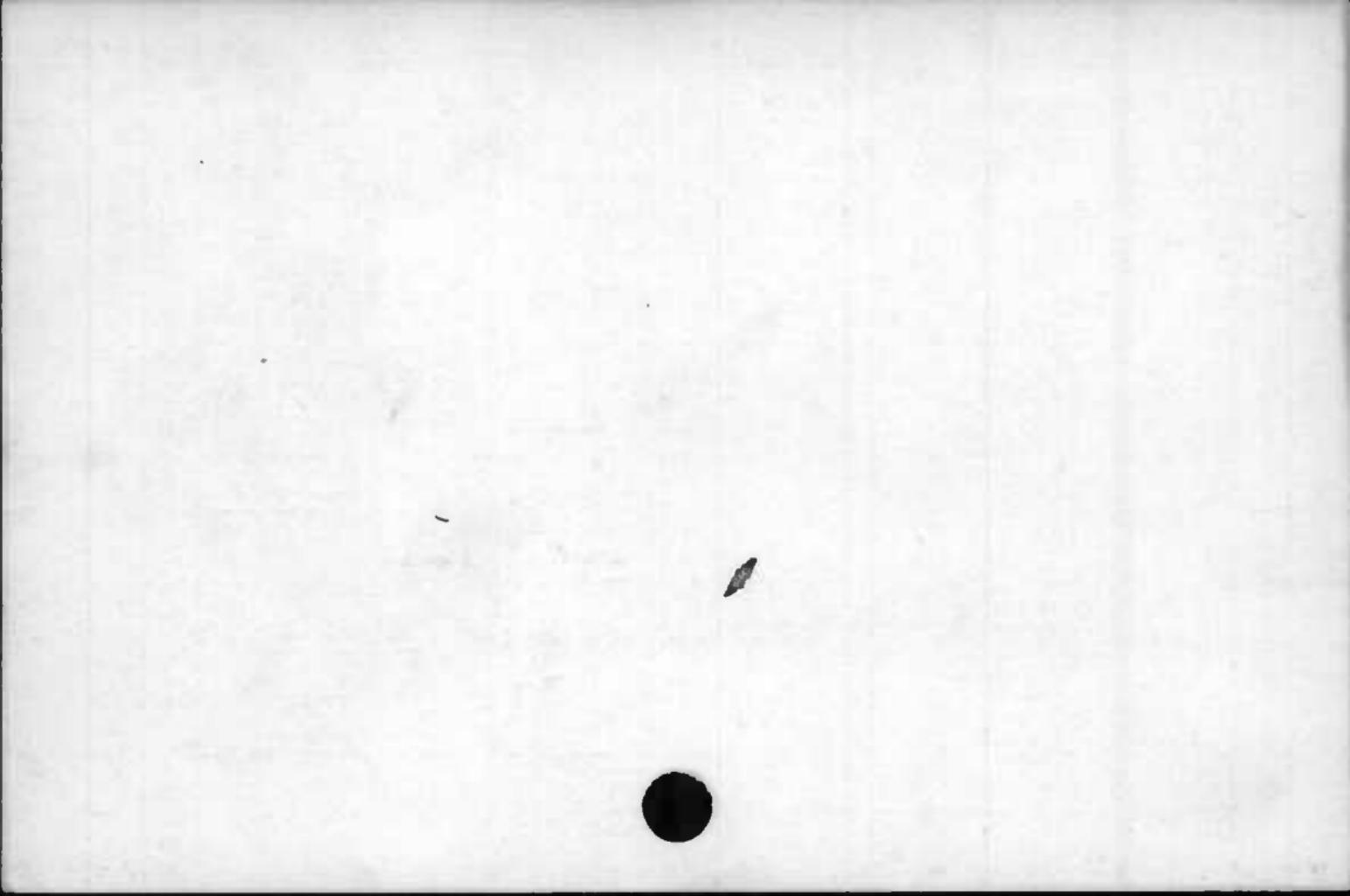
*ten minutes*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*J. Wilson*

Address

Baltimore City

Accident or Suicide?

Accident



Name
in
Full

Susan A Townsend

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Decatur city	Town	Worcester	County	MARYLAND	
Date of death	1906	Month Aug	Day 19	Age 56	Years	Months 9
Sex	Female	Color or Race	white	Birth-place	Newark Md	
Occupation	Wife	Where Residing if not at place of death			Snow Hill Md	
Married, Single or Widowed	Married	Name of Wife or Husband	Robt -to. Townsend			
Father's Name	Geo Bowden			Father's Birthplace	Snow Hill Md	
Mother's Maiden Name	Susan A Bowden			Mother's Birthplace	Newark Md	
Name of person giving Information	Mrs S P. Workup			How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

How long

11 years

Immediate

"

How long

a few hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

S. J. Townsend M.D.

Address

Decatur City

Accident or Suicide?

No

